



General Key Terms

Definitions specific to individual protocols are found in the respective protocol.

Term	Definition
Active Surveillance Culture/Testing (ASC/AST)	For purposes of NHSN surveillance, Active Surveillance Culture/Testing (ASC/AST) refers to testing that is intended to identify the presence/carriage of microorganisms for the purpose of instituting or discontinuing isolation precautions (for example, nasal swab for MRSA, rectal swab for VRE), or monitoring for eradication of a carrier state. ASC/AST does NOT include identification of microorganisms with cultures or tests performed for diagnosis and treatment purposes (for example, specimens collected from sterile body sites including blood specimens). Also, see Surveillance cultures .
Apnea	See Vital Signs.
Aseptically obtained	Obtained in a manner to prevent introduction of organisms from the surrounding tissues into the specimen being collected.
Birthweight	Birthweight is the weight of the infant <u>at the time of birth</u> and should not be changed as the infant gains weight. The birthweight categories are as follows: A = ≤750 g; B = 751-1000 g; C = 1001-1500 g; D = 1501-2500 g; E = >2500 g.
CDC location	<p>A CDC-defined designation given to a patient care area housing patients who have similar disease conditions or who are receiving care for similar medical or surgical specialties. Each facility location that is monitored is “mapped” to one CDC Location. The specific CDC Location code is determined by the type of patients cared for in that area according to the 80% Rule. The 80% Rule is when 80% of the patients in a location are of a certain type (for example, if 80% of the patients in an area are pediatric patients receiving orthopedic care, this area should be designated as an Inpatient Pediatric Orthopedic Ward).</p> <ul style="list-style-type: none">• Acuity billing data (if available) is the most reliable and objective method of determining appropriate location mapping.• Admission/transfer diagnosis can also be used to determine location mapping if billing data is not available.• Facilities, when possible, should use 1 years’ worth of data to make this determination. If that is not available, a shorter period of at least 3 months is acceptable, but every effort should be made to collect and



Term	Definition
	<p>analyze greater periods of time in the future, consistently using the same method.</p> <p>Also, see Virtual Location in the Locations and Descriptions chapter.</p> <p>For detailed instructions on how to map locations, see “Instructions for Mapping Patient Care Locations in NHSN” in the Locations and Descriptions chapter.</p>
<p>Clinical correlation</p>	<p>Physician documentation of antimicrobial treatment for site-specific infection related to equivocal findings (not clearly identified) as infection on imaging test.</p> <p>For example, when applying intraabdominal infection (IAB) criterion 3b, the finding of ‘fluid collection seen in the lower abdominal cavity’ on an imaging test, may or may not represent an infection. This finding is not clearly identified as an infection and should be confirmed with clinical evidence that an infection is present. In the case of IAB criterion 3b, the clinical evidence required is physician documentation of antimicrobial therapy for treating the intraabdominal infection.</p>
<p>Date of event</p>	<p>The date of event is the date the first element used to meet an NHSN site-specific infection criterion occurs for the first time within the seven-day infection window period or SSI surveillance period. <i>Synonyms: infection date, date of infection, event date.</i></p> <p>In the case of a process measure, the date the process or intervention was performed (for example, the day a central line was inserted is the date of CLIP event).</p> <p>This definition does not apply to LabID event, or VAE. See Date of event for VAE, SSI, and LabID Event in respective protocols.</p>
<p>Device-associated infection</p>	<p>An infection meeting the HAI definition is considered a device-associated HAI (for example, associated with the use of a ventilator, central line, or indwelling urinary catheter) if the device was in place for >2 calendar days on the date of event and was also in place on the date of event or the day before.</p> <p>If the device was in place for >2 calendar days and then removed, the date of event must be the day of discontinuation or the next day to be device associated. For a patient who has a central line in place on hospital admission, day of first inpatient access is considered Device Day 1. For a patient who has a ventilator or urinary catheter in place on the day of admission, Device Day 1 is day of admission.</p>



Term	Definition
Device days	A count of the number of patients with a specific device in a patient care location during a time period. This count can be determined electronically or manually by a daily count or weekly sampling. See Denominator Data section within individual protocols.
Died	The patient died during the current facility admission.
Event contributed to death	The event either directly caused death or exacerbated an existing disease condition that then led to death as evidenced by available documentation (for example, death/discharge note, autopsy report, etc.).
Event date	See Date of event.
Fever	See Vital signs.
Gross anatomical exam	<p>Evidence of infection elicited or visualized on physical examination or observed during an invasive procedure. This includes physical examination of a patient during admission and subsequent assessments of the patient. Additionally, it may include findings noted during a medical/invasive procedure and is dependent on the location of the infection as well as the NHSN infection criterion.</p> <p>Examples:</p> <ul style="list-style-type: none">• An intraabdominal abscess requires an invasive procedure to actually visualize the abscess.• Visualization of pus or purulent drainage from drains within an abscess is acceptable.• Abdominal pain elicited on physical exam post-CSEC or hysterectomy, is sufficient evidence of infection detected without an invasive procedure.
Healthcare-associated infection (HAI)	An infection is considered a HAI if the date of event of the NHSN site-specific infection criterion occurs on or after the 3rd calendar day of admission to an inpatient location where day of admission is calendar day 1. See Identifying HAIs chapter . Note: Rules for HAI should not be applied to SSI, VAE, or LabID Events.
Hypotension	See Vital signs.
Infant	A patient who is ≤ 1 year (≤ 365 days) of age.



Term	Definition
Infection date	See Date of Event.
Infection window period (IWP)	The Infection Window Period is defined as the 7 days during which all site-specific infection criteria must be met. It includes the date the first positive diagnostic test that is used as an element of the site-specific infection criterion was obtained, the 3 calendar days before, and the 3 calendar days after.
Inpatient location	See Location.
In-plan surveillance	Facility has indicated in their monthly reporting plan that the NHSN surveillance protocol(s) will be utilized, in its entirety, for that particular event. Only in-plan data are submitted to CMS in accordance with CMS’s Quality Reporting Programs. Only data that are entered into NHSN “in-plan” are included in NHSN annual reports or other NHSN publications.
Intensive care unit (ICU)	<p>Also known as, a Critical Care Unit, the ICU is a nursing care area that provides intensive observation, diagnostic and therapeutic procedures for adults and/or children who are critically ill. An ICU excludes nursing areas that provide step-down, intermediate care or telemetry only. Specialty care areas are also excluded (see definition).</p> <p>The type of ICU is determined by the kind of patients cared for in that unit according to the 80% Rule – that is 80% of the patients in a location are of a certain type. For example, if 80% of the patients in an area are patients receiving critical care for trauma, this area should be designated as an Inpatient Trauma Critical Care Unit. When an ICU houses roughly equal populations of medical and surgical patients (a 50/50 to 60/40 mix), it is called a medical/surgical ICU.</p>
Location	The patient care area to which a patient is assigned while receiving care in the healthcare facility. Note: Only mapped inpatient locations where denominator data are collected can be used for reporting infection events via the Device-associated Module. Operating rooms (including cardiac catheter labs, C-section rooms, and interventional radiology), emergency departments and outpatient locations are not valid locations for these types of surveillance. Also, see CDC Location.



Term	Definition
<p>Location of attribution (LOA)</p>	<p>The inpatient location where the patient was assigned on the date of event is the location of attribution (also, see Date of Event and Transfer Rule terms). Non-bedded patient locations, (for example, PACU or OR) are not eligible for assignment of location of attribution for HAI events. Location of attribution must be assigned to a location where denominator data can be collected. See individual HAI protocol(s) for additional details.</p>
<p>Neonate</p>	<p>A patient who is ≤ 30 days of age.</p>
<p>Non-culture based microbiologic testing</p>	<p>Non-culture based testing refers to identification of microorganisms using a method of testing other than a culture. Culturing requires that a specimen be inoculated to a culture media, incubated and observed for actual growth of microorganisms and, depending on the organism identified, can take several days to weeks for a final report. In contrast, non-culture based testing methods generally provide faster results, which can assist with early diagnosis and tailoring of antimicrobial therapy. Examples of non-culture based testing include PCR (polymerase chain reaction) and ELISA (Enzyme-linked immunosorbent assay).</p> <p>With the exception of Active Surveillance Culture/Testing (ASC/AST), any test methodology (culture or non-culture based), providing a final laboratory report in the medical record, that identifies an organism, is eligible for use in meeting an NHSN infection definition.</p>
<p>Off-plan surveillance</p>	<p>Facility has not indicated in their monthly reporting plan that the NHSN surveillance protocol(s) will be utilized, in its entirety, for that particular event. Off-plan data are not submitted to CMS in accordance with CMS’s Quality Reporting Programs. Off-plan data are not included in NHSN annual reports or other NHSN publications.</p>
<p>Patient days</p>	<p>A count of the number of patients in the patient care location during a time period. This count can be determined electronically or manually by a daily count or weekly sampling. See Denominator Data section within individual protocols.</p>
<p>Present on admission (POA)</p>	<p>An infection is considered POA if the date of event of the NHSN site-specific infection criterion occurs during the POA time period, which is defined as the day of admission to an inpatient location (calendar day 1), the 2 days before admission, and the calendar day after admission. See Identifying HAIs chapter. Note: Rules for POA should not be applied to SSI, VAE, or LabID Events.</p>



Term	Definition
Repeat infection timeframe (RIT)	<p>The RIT is a 14-day timeframe during which no new infections of the same type are reported. The RIT applies to both POA and HAI event determinations.</p> <ul style="list-style-type: none">• The date of event is Day 1 of the 14-day RIT.• If criteria for the same type of infection are met and the date of event is within the 14-day RIT, a new event is not identified or reported.• Additional pathogens recovered during the RIT from the same type of infection are added to the event and the original date of event is maintained as is the original 14-day RIT.• Device association determination and location of attribution are not amended. <p>See Identifying HAIs chapter. Note: Rules for RIT should not be applied to SSI, VAE, or LabID Events.</p>
Secondary BSI attribution period (SBAP)	<p>The Secondary BSI Attribution Period is the period in which a blood specimen must be collected for a secondary bloodstream infection to be attributed to a primary site infection. This period includes the Infection Window Period (IWP) combined with the Repeat Infection Timeframe (RIT). It is 14-17 days in length depending upon the date of event.</p> <p>Note: Rules for Secondary BSI Attribution Period should not be applied to VAE, or LabID Events; the Secondary BSI Attribution Period for SSIs is the 17-day period that includes the date of event, 3 days prior, and 13 days after the SSI date of event.</p>
Standardized Infection Ratio (SIR)	<p>Summary measure used to track HAIs over time. It compares the number of reported HAIs to the number of predicted HAIs, based on NHSN baseline data. The SIR adjusts for several factors that may impact the risk of acquiring an HAI. See the SIR Guide for more information.</p>
Surveillance cultures	<p>Those cultures reported as part of a facility's infection prevention and control surveillance and are not used in patient diagnosis and treatment. Cultures include but not limited to stool cultures for vancomycin-resistant <i>Enterococci</i> (VRE) and/or nasal swabs for methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) surveillance. These cultures are also called active surveillance cultures or testing (ASC/AST).</p> <p>Note: Positive cultures collected from sterile body sites including blood specimens are not surveillance cultures and are eligible for use in meeting</p>



Term	Definition
	NHSN HAI, LabID, VAE, and SSI event criteria. Also, see Active Surveillance Culture/Testing (ASC/AST) .
Teaching hospital	<p>There are three types of teaching hospitals defined in NHSN:</p> <ul style="list-style-type: none"> • Major: Facility has a program for medical students and post-graduate medical training. • Graduate: Facility has a program for post-graduate medical training (residency and/or fellowships). • Undergraduate: Facility has a program for medical / nursing students only.
Temperature	See Vital signs.
Temperature instability	See Vital signs.
Transfer rule	<p>If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location. This is called the Transfer Rule. If the patient was in multiple locations within the transfer rule time frame, attribute the infection to the first location in which the patient was housed the day before the infection's date of event.</p>
Vital signs	<p>If a specific value for a vital sign is <u>not</u> stated in a CDC/NHSN HAI definition, criterion (for example, hypotension and temperature instability) the facility should use the vital sign parameter(s) as stated in its policies and procedures for clinical practices.</p> <ul style="list-style-type: none"> • For fever, NHSN <u>does have a stated value</u>; the facility should use the temperature documented in the patient's medical record. There is no conversion of temperature based on route of collection. • For apnea in ventilated patients < 1 year of age, apnea cannot be determined by changes /adjustments in ventilator settings or by worsening oxygenation.